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Complete and sep of As Aoran, together with applicable fe			or <u>Fax</u>	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885				
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	NTOR	ATTORNEY DO	CKET NO.	CONFIRMATION NO.	
10/535,421 12/12/2005 Mart			Martin Gustavsso	ison 10400-000163/US 6003				
ITLE OF INVENTION	: FOOD PACKAGING	METHOD						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE PREV. PAID ISSU	E FEE TOTAL	FEE(S) DUE	DATE DUE	
nonprovisional	. YES	\$755	\$300	\$0		\$1055	06/29/2010	
EXAMINER ART UNIT			CLASS-SUBCLAS					
ANDERSON, JERRY W		1794	426-521000		C:2501 C:1504		755.00 OP 300.00 OP	
Change of correspondence address or indication of "Fee Address" (37 FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print	or type)				
PLEASE NOTE: Unl recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	e data will appear on t OT a substitute for filin	the patent. If an assigning an assignment.		below, the doc	ument has been filed fo	
(A) NAME OF ASSIG	GNEE	CITY and STATE OR (	COUNTRY					
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a. The following fee(s)  Issue Fee  Publication Fee (N  Advance Order -	lo small entity discount p		A check is enclo  Payment by cred	Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the sentined fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-0750 (enclose an extra copy of this form).				
a. Applicant claim	tus (from status indicates SMALL ENTITY statu	is. See 37 CFR 1.27.		o longer claiming SMA				
iterest as shown by the	records of the United Sta	Patent and Trademar	k Office.	and applicant, a log			assignee or other party in	
Authorized Signature		1 h			ne 24, 201			
Typed or printed name Donald J. Daley Registration No. 34,313								

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